



# General Permit Registration Form for Minor Non-contact Cooling and Heat Pump Water

Please complete this form in accordance with the general permit (DEP-PERD-GP-009) in order to ensure the proper handling of your registration. Print or type unless otherwise noted. You must submit the *Permit Application Transmittal Form* (DEP-APP-001) and the registration fee along with this form.

## DEP USE ONLY

Application No.

Permit No.

Facility I.D.

## Part I: Registration Type

This application is for:

- ☐ Registration (no approval required)  
(*Notice of Coverage*)

Is this a *new* authorization for this activity? ☐ Yes ☐ No If no, is it a (check one):

- ☐ *replacement* of an individual State or NPDES permit, or an authorization  
☐ *renewal* of an existing general permit ☐ *modification* of an existing general permit

Provide existing permit or authorization number:

Facility ID number (aka DEP/WPC number):

Expiration Date:     /     /

## Part II: Fee Information

The fee shall be non-refundable and shall be paid by check or money order payable to the Department of Environmental Protection.

- ☐ **Registration Only:** The registration fee of \$500.00 for any person and \$250.00 for any municipality shall be submitted with the registration form.

## Part III: Registrant Information

1. Fill in the name of the applicant/registrant/operator as indicated on the *Permit Application Transmittal Form* (DEP-APP-001).

Applicant/Registrant/Operator:

Mailing Address:

City/Town:

State:

Zip Code:

-

Business Phone:     -     -

ext.

Fax:     -     -

Contact Person:

Title:

### Part III: Registrant Information (continued)

2. List facility or site owner.

Name:

Mailing Address:

City/Town:

State:

Zip Code: -

Business Phone: - -

ext.

Fax: - -

Contact Person:

Title:

3. List primary contact for departmental correspondence and inquiries (if other than applicant).

Name:

Mailing Address:

City/Town:

State:

Zip Code: -

Business Phone: - -

ext.

Fax: - -

Contact Person:

Title:

4. List attorney or other representative, if applicable.

Firm Name:

Mailing Address:

City/Town:

State:

Zip Code: -

Business Phone: - -

ext.

Fax: - -

Attorney:

Title:

5. List any other engineer(s) or consultant(s) employed or retained to assist in preparing this registration.

Name:

Mailing Address:

City/Town:

State:

Zip Code: -

Business Phone: - -

ext.

Fax: - -

Contact Person:

Title:

Service Provided:

☐

Enter a check mark, if additional sheets are necessary. Please label and attach them to this sheet.

## Part IV: Site Information

1. Name of facility, if applicable:

Street Address or Description of Location:

City/Town:

State:

Zip Code:

-

2. Is the activity which is the subject of this registration located within the coastal boundary as delineated on DEP approved coastal boundary maps? ☐ Yes ☐ No

If yes, and this registration is for a new authorization under the general permit or for a modification of an existing general permit, you must submit a *Coastal Consistency Review Form* (DEP-APP-004) with your registration as Attachment E.

For forms or assistance, please call the Permit Assistance Office at 860-424-3003.

3. Is the project site located within an area identified as a habitat for endangered, threatened or special concern species as identified on the "State and Federal Listed Species and Natural Communities Map"? ☐ Yes ☐ No Date of Map: / /

If yes, complete and submit a *Connecticut Natural Diversity Data Base* (CT NDDB) *Review Request Form* (DEP-APP-007) to the address specified on the form.

When submitting this registration, please include copies of any correspondence to the NDDB, including copies of the completed CT NDDB Review Request Form, any field surveys, and any other information which may lead you to believe that endangered or threatened species may or may not be located in the area of your existing or proposed permitted activity as Attachment F.

Has a field survey been conducted to determine the presence of any endangered, threatened or special concern species? ☐ Yes ☐ No If yes, provide:

Biologist's Name:

Address:

and submit a copy of the field survey with your application as Attachment F.

*If you have any questions or need assistance in reviewing the maps, please call the Permit Assistance Office at (860) 424-3003.*

4. Is the site located within an aquifer protection area as defined in Section 22a-354h CGS? ☐ Yes ☐ No

For assistance, please call the Permit Assistance Office at (860) 424-3003.

5. Does the facility have any condensate discharge to a surface water? ☐ Yes ☐ No

6. Total Number of discharges at the site:

7. Total Maximum Daily Flow at the site:

## Part V: Activity Information

For multiple discharges, reproduce and complete this part for each discharge.

1. *For discharges to sanitary sewer and/or groundwater:*

Anticipated Flow: \_\_\_\_\_ gpd

2. *For discharges to surface water:*

Maximum Daily Flow: \_\_\_\_\_ gpd    Date Discharge Began or Will Begin:    /    /

Maximum Number of hours per day or per event of the discharge:

3. For batch, intermittent, or seasonal discharges, indicate the duration and frequency of the discharge.

4. A detailed description of the activity generating any withdrawal and discharge at the site.

5. In addition to the treatment and control requirements specified in Section 5 of this general permit, provide a brief description of other requirements to be implemented by the permittee to minimize the adverse environmental affects of activities authorized by this general permit.

6. A detailed description of the type of treatment system if any, installed to treat the discharge.

☐

Enter a check mark, if additional sheets are necessary. Please label and attach them to this sheet.

## Part V: Activity Information (continued)

7a. Indicate the source(s) of minor non-contact cooling and heat pump water:

☐ Public Water Supply    ☐ Groundwater    ☐ Surface Water  
(specify name)

7b. If groundwater or surface water is used as a source, do you have any information which suggests that this water is contaminated with any of the substances listed in Appendix B, Tables II, III and V and Appendix D of Section 22a-430-4 of the Regulations of Connecticut State Agencies?

☐ Yes    ☐ No

Note: If yes, in addition to submittal of this registration form you will also need to request, in writing, approval from the commissioner.

7c. If the answer to 7b is yes, indicate what type of pollutant(s) and concentration:

Note: If any water is withdrawn from a groundwater or a surface water source in an amount which exceeds 50,000 gallons in any twenty-four hour period, a permit for such withdrawal under Section 22a-368 or 22a-378a of the General Statutes is required unless such withdrawal has been properly permitted or registered with the Commissioner under said Section 22a-368. For further information about water diversion permit requirements, please call the Inland Water Resources Division at (860) 424-3019.

8. *For discharges to groundwater:*

Groundwater classification of the site (Existing/Goal):

9. *For discharges to a POTW:*

Name of POTW:

Note: Mail a copy of this registration to the POTW.

10. *For discharges to a surface water body:*

Name of receiving stream:

11. Water Quality Classification (Existing/Goal):

a) Seven Day Ten Year Low Flow: (cfs) (gpd)

b) Name of reference for low flow value:

☐ Enter a check mark, if additional sheets are necessary. Please label and attach them to this sheet.

## Part VI: Supporting Documents

The supporting documents outlined below must be submitted with the registration form.

- |                          |               |  |
|--------------------------|---------------|--|
| <input type="checkbox"/> | Attachment A: | For discharges to a surface water or to groundwater only, an 8 1/2" by 11" copy of the relevant portion or an original of a United States Geological Survey (USGS) quadrangle map, with a scale of 1:24,000, showing the exact location of each discharge, specifying the longitude and latitude of the discharge to within the closest 15 seconds, the location of any drinking water wells within a quarter mile of the site. Please include the quadrangle name and number of the USGS map. |
| <input type="checkbox"/> | Attachment B: | For a discharge to a surface water, the calculations and the method of calculating the seven day ten year low flow of the receiving water, including but not limited to, identification of the sources(s) of all information used in such calculation.   |
| <input type="checkbox"/> | Attachment C: | The analytical data used by the registrant and the professional engineer to certify the registration.  |
| <input type="checkbox"/> | Attachment D: | Relevant Professional Engineer Certification(s) (DEP-PERD-CERT-009A-C of this form).   |
| <input type="checkbox"/> | Attachment E: | <i>Coastal Consistency Review Form</i> (DEP-APP-004); if applicable  |
| <input type="checkbox"/> | Attachment F: | <i>CT NDDB Review Request Form</i> ; if applicable   |

**Continued on next page**

## Part VII: Certification

The registrant *and* the individual(s) responsible for actually preparing the registration must sign this part. A registration will be considered incomplete unless all signatures asked for are provided.

"I certify that I have read the General Permit for the Discharge of Minor Non-contact Cooling and Heat Pump Water modified by the Connecticut Commissioner of Environmental Protection on February 23, 1999; that the discharge which is the subject of this registration is eligible for authorization under such permit; that if such discharge commenced prior to the issuance of such permit, all applicable requirements of such permit are being met; and that a functioning and effective system is in place to assure that all such requirements are met so long as the discharge which is the subject of this registration continues.

I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that, based on reasonable investigation, including my inquiry of those individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.

I also certify that this general permit registration is on complete and accurate forms as prescribed by the commissioner without alteration of the text.

I understand that a false statement made in the submitted information may be punishable as a criminal offense, in accordance with Section 22a-6 of the General Statutes, pursuant to Section 53a-157b of the General Statutes, and in accordance with any other applicable statute."

\_\_\_\_\_  
Signature of Registrant / /  
Date

Name of Registrant (print or type) Title (if applicable)

\_\_\_\_\_  
Signature of Preparer / /  
Date

Name of Preparer (print or type) Title (if applicable)

☐ Please enter a check mark if additional signatures are necessary. If so, please reproduce this sheet and attach signed copies to this sheet.

Note: Please submit the *Permit Application Transmittal Form*, the registration form, the applicable fee, and all supporting documents to:

CENTRAL PERMIT PROCESSING UNIT  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
79 ELM STREET  
HARTFORD, CT 06106-5127

For any discharge of minor non-contact cooling and heat pump water to a POTW, a copy of the completed registration form shall also be sent to the POTW which receives or will receive the discharge.

## Attachment D: Professional Engineer Certification

The following certification *must be* signed by a professional engineer, licensed to practice in Connecticut, for any discharge to a surface water that does not have a flow meter capable of measuring and recording total daily flow:

"I certify that the methods used to calculate flows are based on generally acceptable engineering practices in my professional judgement. I am aware that there are significant penalties for false statements in this certification, including the possibility of fine and imprisonment for knowingly making false statements."

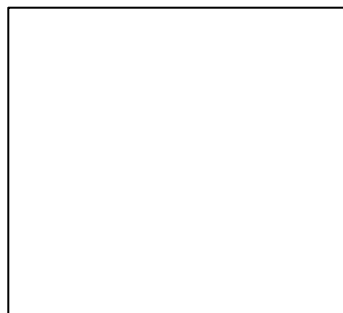
\_\_\_\_\_  
Signature of Professional Engineer

/ /  
Date

Name of Professional Engineer (print or type)

P.E. Number

Affix P.E. Stamp Here





## Attachment D: Professional Engineer Certification

The following certification *must be* signed by a professional engineer, licensed to practice in Connecticut, for any discharge which has **not** been initiated, created, originated or maintained as of the date the registration is submitted:

"I certify that in my professional judgement, proper operation and maintenance of any systems installed to treat the discharge(s) which are the subject of this registration will ensure that all effluent limitations and other conditions in the General Permit for the Discharge of Minor Non-contact Cooling and Heat Pump Water modified on February 23, 1999 are met, or if there is no treatment system for such discharge(s), that the discharge(s) will meet all effluent limitations and conditions of such general permit without treatment. This certification is based in part on a site inspection by myself or someone under my direct supervision of the site, after installation of process equipment generating the discharge and/or a treatment system to be utilized to meet the general permit requirements, and on my review of information, such as reports, studies and design documents describing (1) the proposed activities and (2) any treatment system for the wastewaters to be discharged. I am aware that there are significant penalties for false statements in this certification, including the possibility of fine and imprisonment for knowingly making false statements."

\_\_\_\_\_  
Signature of Professional Engineer

/ /  
Date

Name of Professional Engineer (print or type)

P.E. Number

Affix P.E. Stamp Here



## Attachment D: Professional Engineer Certification

The following certification *must be* signed by a professional engineer, licensed to practice in Connecticut, for any discharge which has been initiated, created, originated or maintained as of the date the registration is submitted:

"I certify that in my professional judgment the discharge(s) which are the subject of this registration comply with all conditions of the General Permit for the Discharge of Minor Non-contact Cooling and Heat Pump Water modified on February 23, 1999, including but not limited to all effluent limitations in Section 5 of such general permit, and proper operation and maintenance of any systems installed to treat such discharge(s) will ensure that all effluent limitations and other conditions in such general permit are met, or if there is no treatment system for such discharge(s), that the discharge(s) will meet all effluent limitations and conditions of such general permit without treatment. This certification is based in part on a site inspection by myself or someone under my direct supervision of the site, and my review of analyses of a minimum of three effluent samples collected, preserved, handled and analyzed in accordance with 40 CFR 136 such samples were representative of the discharge during standard operating conditions, were taken in the previous 12 months, at least one week apart, and were of the type(s) specified in Section 5 of the General Permit for the Discharge of Minor Non-contact Cooling and Heat Pump Water discharges modified on February 23, 1999. Such samples were analyzed for all parameters specified in Section 5 of such general permit. In the case of discharges of minor non-contact cooling and heat pump water less than 5,000 gallons per day, this certification may be based on review of analyses from one effluent sample collected, preserved, handled and analyzed as specified in the previous sentence. I am aware that there are significant penalties for false statements in this certification, including the possibility of fine and imprisonment for knowingly making false statements."

\_\_\_\_\_  
Signature of Professional Engineer

/ /  
Date

Name of Professional Engineer (print or type)

P.E. Number

Affix P.E. Stamp Here

